Length of residence in city, or town, where death occurring. 2. FULL NAME S. Association of the control of the	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00553
Village of City August 1992 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yes a how long in U.S. if of foreign birth? 2. FULL NAME (Institution of the control of the cont	1. PLACE OF DEATH	(Bi)
Length of residence in city, or town, where death occurring. 2. FULL NAME Cases States and states and number? (a) Residence: No	County of arell	Registration Dist. No. / 6 1
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SI., Ward. PERSONAL AND STATISTICAL PARTICULARS DESCRIPTION OF BIRTH (month, day, end year) (b) DATE OF BIRTH (month, day, end year) (c) Wiff of very done as SPINNER, save per land of the date stated above, at size per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year with wat lose, as SPINNER, save per land of year year year land of year year year year year year year year	Village or City of santsville	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE OR DIVORCED (wire the world) OR DIVORCED (wire the worl		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 193 193 193 193 194 194 195	2. FULL NAME & Blassof Ivan	0
PERSONAL AND STATISTICAL PARTICULARS SEX 1. COLOR OR BACE OR DIVORED OR DIN		
1. SEY 1. COLOR OR BACE OR DIVORCED (white highword) OR DIVORCE		
HUSBAND of (or) WIFE of 3. DATE OF BIRTH (month, day, end year) 4. AGE Years Months Oays 11 LESS than 1 day, hrs. 0 r. min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: SAWYER, BOOKKEPER, etc. 1. SAWYER, B	4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	tan 2 193 2
DATE OF BIRTH (month, day, end year) AGE Years Months Oays I LESS than 1 day, from 1	ie. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 1 1 2 3 3 -
18. Trade, profession, or particular from 1 day,	81.1 19117	, 13-4, 10, 13, 13
8. Trade, profession, or particular kind of work done, as SPINNER, database of min. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Matter Clearer Grades and State of Country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR PEMOVAL PIECE MAGGETY OF ACT. 19. UNOERTAKER (Address) (Signed) 10. State or country in any wey related to occupation of deceased? If you shall be a property of the p		
8. Trade, profession, or particules 8. Trade, profession, or particules 8. Savyer, Bookkeper, etc. 9. Industry or business in which work was done, as SIEK MILL, SAV MILL, BARK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total lime (years) spent in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece BARGARY MAGANA Date 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 19. Manuer Magana (Signed) 19. Manuer Magana (Signed) 10. Address 10. Address 10. Date description 10. Date deceased at Magana 10. Date of Magana 10. Date of Magana 10. Date of Magana 10. Date of Magana 11. Total lime (years) 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece BARGARY (Address) 19. UNOERTAKER (Address) 19. UNOERTAKE	C/L aubupun 1 day,hr	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, est SILK MILL, SAW MILL, BARN, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNOERTAKER (Address) 19. Sawyer, etc. 11. Total line (years) Spent in this occupation of deceased? 11. Total line (years) Spent in this occupation of deceased? 11. Total line (years) Spent in this occupation of deceased? 11. Total line (years) Spent in this occupation of deceased? 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Natu	8 Trade profession or particular	10 110- 111-11-11-11-11-11-11-11-11-11-11-11-1
year) Other Contributory Causes of importance: Other Contributory Caus	kind of work done, es SPINNER, Causeswarso	lo frame interestial substities & year
JE BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. tNFORMANT 18. BURIAL, CREMATION, OR REMOVAL PIECE MAGRING MAGRING Oate MAGRING (Address) 19. UNDERTAKER (Address) 19. UND	9. tndustry or business in which work was done, es SILK MILL,	. /
Other Countributory Canses of importance: Contributory Canses of importance: Contributory Canses of Importance: Contributory Canses of Importance: Con		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. thFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PIECE Madgley starm Oate Am 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. FILED 10. ACCUMANT 10. State or country 10. State or country 10. The country 11. State or country 12. Was there an autopsy? 13. If death was due to external causes (VIOL ENCE) fill in also the following: 15. Accident, suicide, or homicide? 16. Specify or town, country and State) 17. Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL PIECE Madgley starm Oate Am 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 19. ACCIDENT IN AND WAS TOWN, COUNTRY and State) 19. UNOERTAKER (Signed)		Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME Marking Collary: Gidgely 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Inj		- Hauly
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME Marking Collary: Gidgely 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Inj	13. NAME Walter Bevaus	
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME Marking Collary: Gidgely 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Inj	14. BIRTHPLACE (city or town)	Name of operation Oate of
(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Address) (Address) Manner of Injury Ptece Midgling Frazing Oate from 6, 1922 (Address)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Midgling rigging of a county and State) Nature of Injury Nature of Injury 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed)	15. MAIDEN NAME Martha Eleanor Gragely	23. If death was due to external causes (VIOL ENCE) fill to also the following:
(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Address) (Address) Manner of Injury Ptece Midgling Frazing Oate from 6, 1922 (Address)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Address) (A	(State or country)	Where did injury occur?
Ptece Midgely Fragrant Oate Flat 5, 1922 Nature of Injury Nature of Injury 19. UNOERTAKER (Address) Meyersala Company Signed) Nature of Injury Signed) Nature of Injury Nature of Injury Nature of Injury Signed) Nature of Injury Signed) Nature of Injury (Signed) Nature of Injury Natur	17. tNFORMANT and B. Alacha (Address) rantaville mod	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 10. FILEO 10. FIL	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) Meyersolate Ba If so, specify 20, FILED Jan 4, 1932 6 H Did (Signed) 0, 12. A Dayro M.	Place Maggliff of arm. Oate xam. O., 192	Nature of Injury
20, FILEO 1, 19.3V	19. UNDERTAKER SALICH BASE: (Address) Meyers da le 12a	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal eause of dea of importance were as foll Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1 1939	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TED 6)	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.	8.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
--------------	-------	-----	---------	------------	----	----------	----

PLACE OF DEATH County HOUSE	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City M Molson M. (No	St.: Ward) (If death occurred is a hospital ar institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw has alive on Jun // 1937
7 AGE Willife Defaut It LESS than I day hrs. mos. ds. or min.?	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work (b) General pature of industry	6 ma fetallage
business, or establishment in which employed or (employer)	Contributory Secondary
TO NAME OF Hanard & Biggs	(Signed) January Mon
OF FATHER (State or country) Surrell Co MC	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE GRANT CO MOTHER STANK CO MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Gimonia Wa RAS, no 1	Openatives Cometers and 2, 1986
Filed Jan 12 1922 Unginea III, Martie	Ralph holler acting Lormanial r, 16 W. Stratoga St., Balto, Requesting y. S. No. 1.
	Village or City M. Moldon M. (No



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health er," etc., without more precise specimeauon as reglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'""Foreman," "Manager," "Peul-Physician, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer

Statement of Gause of Death—Name, first, the Discasse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia,"); Abar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid curbolic acid-probably suicide. The nature of the injury. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepses, telunus) may be stated under the head of "contributory". or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate in permanently filed.

STATE C	F MARYLAND-	-CERTIFICATE OF DEATH 00555
1. PLACE OF DEATH	11	23/
County / arre	U	Registration Dist. No. 168
Village or City PFO Tu	altinger	No. > St., Ward
Length of residence in city or town where d	-U~ A U	(If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ames	Census Bi	and on
1 -	el Trad	DE O # 2 Frosthing
(a) Residencé: No. /	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (work the word)	21. DATE OF DEATH
mace conce	married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	. P	22. I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of Mary n	1 Brown.	Jan 1928 to Jan 6 1934
6. DATE OF BIRTH (month, day, and year)	ely 15 1882.	last saw hamalive on Jan 5, 1932; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3.30 A. m.
49 3	2/ I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER	1 - 5 - 1	Date of ones
SAWYER, BOOKKEEPER, etc	ay miner	(Fulmorain /uferculous jan)
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	ay mines	
10. Date deceased last worked at	[11. Total time (years)	
this occupation (month and year)	8 spent in this 20	
12. BIRTHPLACE (city or town)	sel Ind	Other Cuatributery Causes of importance:
(State or country)	9-119	
13. NAME William (1) 14. BIRTHPLACE (city or town)	Begion	
14. BIRTHPLACE (city or town)	njek	Name of operation Date of Date of
(State of country)	MA STATE OF	What test confirmed diagnosis? Ula Andrey Was there an autopsy?
15. MAIDEN NAME Conda	Ignes My Jengil	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lound'a (16. BIRTHPLACE (city er town)	as land	Accident, suicide, or homicide?
(Slate or country)	Dyamia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	nous	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) A / A Z /> 18. BURIAL, CREMATION, OR REMOVAL	ostoning	
1- 0	reporte Habitiaring 3	Manner of injury
1-1	1111	
19. UNDERTAKER (Address) 4. Address)	The	24. Was disease or injury in any way related to occupation of deceased?
02.21 22.47	mail lirous	(Signed) Wom (Laner M.
20. FILED JULY 31 , 1934 UM	Registrar.	(Address) / Tarthung md
If more	blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of opilepsy = 5	1 week ago
Chronic interstitial nephritis LB 1932	1921	Run over by screet car > 3	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis, a	3 days ago
DUREAU V. S		1000 8	
		1 221	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis - :: 🛏	1 year
		1 00 00	
		14455	
		· · · · · · · · · · · · · · · · · · ·	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| HOBE | -

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00556
County of arrite	Registration Dist. No. / 52
Village or City of santsville	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret No	roll
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale Mule of sugle	(Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) April 22 1858	Vlast saw h alive on Joseph 19.3.2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Trade profession or particular	Lovar humana Onto of onset
SAWYER, BOOKKEEPER, etc. Causlivano	
9. Industry or business in which work was dena, as SILK MILL, SAW MILL, BANK, etc	
0. Oate deceased last worked at 11. Total time (years)	
this occupation (month and 929 spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country)	
13. NAME PARICE SOLVED & OTSLEY 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(Stata of country)	Whet test confirmed diagnosis? Was there an eulopsy?
16. BIRTHPLACE (city or town)	23. if daeth wes dua to external causes (VIOLENCE) fill in also that following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
Maris Dasey	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Was the Hild,	opening minorial injury security in moderat, in monic, of inforcing tender.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of walling Date Man 13, 1932	Nature of injury
19. UNDERTAKER I W Attuter berg	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Antivilla Hid.	if so, specify
20. FILEO Jan 12, 1934 6 24 Ciel	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No

STATE O	F MARYLAND—	CERTIFICATE OF DEATH 0055	16
1. PLACE OF DEATH	. //	(131)	
County	rels	Registration Dist. No.	
Village or City States	ugel.	NoSt.,St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where d		ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Hester	Dunsdale		
(a) Residence: No.		St., Ward.	
(a) residence. No.	(Usual place of abode)	If nonresideot give city or towo and State	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
Remale Herte	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	2 (Year)
e. If married, widowed, or divocced HUSBAND of (or) WIFE of	dale	22. I HEREBY GERTIFY, That Lattended decea	sed from
DATE OF BIRTH (month day and work)	P 5-1847.	I last sew in alive on 10 ; dee	th is sal
AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, et 2:30 Pm.	
84 11	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trade profession or particular	0	Chronic Interstitive	e of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	housekeepen	nephistis.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	<i>V</i>		
10. Date deceased last worked at this occupetion (month end	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	yland		
13. NAME Same 2	love		
13. NAME 14. BIRTHPLACE (city or town)	angland	Name of operation Date of	
(State or country)		What test confirmed diegnosis? Was there an aulop:	sy?
15. MAIDEN NAME Fanne	e Hays	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Farmer 16. BIRTHPLACE (city or town)	angland	Accident, suicide, or homicide? Date of injury,	19
(State or country)		Where did injury occur?(Specify city or town, county and State)	
7. INFORMANT	er Beaching	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	meleny, Den Vac	Manner of Injury	
Place Bellilelieur	Date / / / 1982	Nature of injury.	
19. UNDERTAKER Halling	Minterbriggers	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Jane. 18, 1932.	1. B. Drawer	(Signed) J. B. Braney Great M.	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago	
BURBAU V.S.	2			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

1			
			-
	0-20		

V.S. No.

	D—CERTIFICATE OF DEATH 00558
1. PLACE OF DEATH	97)
County Al Quell	Registration Dist. No. 162
Village or City & Jantsville	ND. St War
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) posds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Manuel A.	Hurst
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIFORCED (write the v	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Mar 28 185	7 I last saw h state alive on San 2/ 193/ death is sai
7. AGE Years Months Oays If LESS	121:
74 9 23 1 dey	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at his eccuration (mostly and	
10. Data deceased last worked at this occupation (month and year)	
(State or country)	Other Contributors Conserved Importance:
13. NAME Daniel Denst	
13. NAME Daniel Denst	Neme of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME dougl linna Vila	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Louise Cima Gula 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur?
7. INFORMANT LIVE Alman Alman (Address) A Grants wills	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Jungs a Oate an 23,1	9.3.2 Nature of injury
9. UNDERTAKER In autophere	24. Was disease or injury In any way related to occupation of deceased?
10 FILED July 3 , 193 1 6 7 7 Ci	(Signed) A A A A M. I
Regis	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1. 1.1000	Other contributory causes of importance:	
May 1,1925	Gastroenteruts	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	BY	PHYSICIA	IN
------------------------	--------	------------	----	----------	----

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LARGIN RESERVED FOR BINDING

County Ganell	Registration Dist. No. 16.7
Village or City Inegy Church	ND. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos(
2. FULL NAME Leroy Hum Ham	er
(a) Residence: No.	St., Ward.
(Usus/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR/OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
M. White OR DIVORCEM with the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11.05 192	6 ,1930, to 23 ,193
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	An droce phalue for
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occuration (month and	
10. Date deceased last worked at this occupation (month and spent in this year)	
2. BIRTHPLACE (city or town) Surgay Churchs (Stata or country)	Other Contributory Causes of importance:
13. NAME Darwin Hanger	-
14. BIRTHPLACE (city or town) Inequal Church (State or country)	Name of operation. Name of operation. Date of
15. MAIDEN NAME Wiss Hardisty	What test confirmed diagnosis? / Lagrange Violence fill in also the following:
16. BIRTHPLACE (city or town) Men Ashayaf (State or country)	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT DR , facuser (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Led Rossellome Date 1-26, 1933	Manner of Injury
9. UNDERTAKER G.W. Schroek	24. Was disease or injury in any way related to occupation of deceased?.
o. FILED Jan 26 132/8 hner Chaffer	(Signad) Aural (Miller) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

V. S. No. 1

N B.

ivery item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI- DIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	-
Y, Phied.	
assif te.	
d EX	
state orope	
y be gack o	
t ma	
that I	
s so	
term term ee in	
ully splain plain nt. S	8
Carel H in	1
d be DEAT	
shoul OF	
tion AUSE	
ate C	
f inf	
very item of information should be carefully supplied ACE should be stated EXACTL SIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificate statement of OCCUPATION is very important. See instructions on back of certificate.	
ANS Ateme	
20 #	

PLACE OF DEATH County Sanet	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 67.
Village or City M Bayane N W. W ZFULL NAME Samuel Hilson	St.: Ward) (If death secured is a heapital or institution, give ite NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED. Wildowed. OR DIVORCED. Wildowed. (Write the word) (Write the word) (Month) (Day) (Year) 7 AGE If LESS than I day	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I lest saw h alive on 192 and that death occured on the date stated above, at 9 43 pm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Diabeties Molities (Duration) 4 yrs. More de
9 BIRTHPLACE (State or country) Rollsburg W Vas 10 NAME OF FATHER Benganual Healthout 11 BIRTHPLACE OF FATHER (State or country) W Vas	Contributory Secondary (Signed) (Durkton) yts. mos. def. M. E. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER PERCELLA PROPERTY OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info:mant) Mollie Hallow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) Bayard W Val	12 PLACE OF BURIAL OR REMOVELY REAL FAIR PLEASE 20 UNDERTAKER ADDRESS WWW

Filed Cb 3, 1932 Urgenia II. Magistrai If more blanks are needed, address State Registra, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Coak, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-Compositor, Architect, Accomolive Angineed For persons who have no occupation Stationary freman, etc. But in many material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphileria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; and pneumonia, Bronchopneumonia ("Pneumonia,");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasus); inges, perilonaeum, etc., Carcinoma, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepais, Examples: Accidentallhowning; Struck by railway train or as probably such, if impossible to determine definitely (name origin; "Cancor" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic affection need etc. valvular heart disease; The contributory Sarcomu,, Measles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A litbe data is essential and must be obtained before the certificate in permanently filed.

-11 1 10

- -

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60562
1. PLACE OF DEATH	(131)
County Garrett	Registration Dist. No.
Village or City Oakland	NoSt.,Ward
(If Length of residence in cily or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) 1
2. FULL NAME Carolina Hall To	ann
(a) Residence: No. Mt. Saka Park (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced WDSEAMS of (or) WIFE of Hammed Married Ma	22. I HEREBY CERTLEY. That f attended deceased from 21, 1932
6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than	I last saw h alivo on ; death is said to have occurred on the date state above, at 3 0 0 m.
1 6 2 0 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPIK MILL, SAW MILL, BANK, etc 10. Date deceased fast worked at this occupation (month and spent for this occupation (month and spent for this s	aces. Cardio Ruel 1927
Date deceased fast worked at this occupation (month and year) 11. Total time (years) spent fn this occupation	
12. BIRTHPLACE (city or town) Sloatslura (State or country) Rockland Co. M.y.	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Milliam W. Maries (Address) Dalland Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Outlier of Date Jan 23, 1932	Manner of injuryNature of injury
19. UNDERTAKER Emroy Bolding (Address) Oakland md	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED an, 7/1932 ulia Jouan Registrar.	(Signed) 1. I and waf M.D. (Address) Oan Land Work
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of death and related causes Date of of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1932	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory caus	es of importance:	- July 11770	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

X	ry item of infor-	NS should state	nt of OCCUPA.	1
8	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	PERMANE	d EXACT	erly classified	cate.
VED FOR	THIS IS A	ld be state	ly be prope	k of certifi
RESER	ING INK-	AGE shoul	o that it ma	tions on bac
MARGIN	H UNFAD	y supplied.	ain terms, se	See instruc
	INLY, WIT	be carefull	EATH in pl	important.
Vo. 1	-WRITE PLA	mation should	CAUSE OF D	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B	(T	-

1. PLACE OF DEATH	10563
County Garrett	Registration Dist. No. 163
Village or City Bloomington '	No
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. it of foreign birth?yrsmos
2. FULL NAME Thompson Crawford Pa	nugh
(a) Residence: No. Bloomington, I.d. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write M) White Harried	
a. If married, widowed, or divorced HUSBAND of (or) WHITE of Elizabeth Pritts Paul	
DATE OF BIRTH (month, day, and year) February	1857 Hast saw bein alive on face TH 193 Y death is
. AGE Years Months Days If LE	SS than to have occurred on the date stated above, at 1.1. I.m. C. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEFPER, etc. Laborer (respectively) 9. Industry or business in which work was done, as SILK MILL. Paper Mill SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year)	Water Selliase
2. BIRTHPLACE (city or town) Garrett County (State or country) Maryland	Securary Mencia 197
13. NAME Henry Paugh	
13. NAME Henry Paugh 14. BIRTHPLACE (city or town) Haryland (State or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Kight	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Sarah Kight 16. BIRTHPLACE (city or town) (Stete or country)	Accidant, sulcide, or homicide? Date of injury, [9
7. INFORMANT Stewart Paugh (Address) Swanton Id.	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Swenton Md. Date Jan, 10,	Manner of injury
9. UNDERTAKER W.H.Fredlock (Address) Piedmont, W. Va.	24. Was disease er injury in any way related to occupation of deceasad? If so, specify
10. FILED Jan 9 132 Mr. Dorsey Patte	(Signed) alle Stellers Py

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Pcritonitis	3 days ago
TEO .		Alterial years	
11 7.3		State St. P. State St.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
		County Famous	
		• 01 - 2004 19016	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				. 9		Britania and the

A.	STATE OF MARYLAND	CERTIFICATE OF DEATH 60564
infor- state UPA-	1. PLACE OF DEATH	(53)
	County Garrell 2	Registration Dist. No.
361	Village or City Lochlyn w //au	
sho of C	Village of City Colonia	death occurred in a hospital or institution, give its NAME instead of street and number)
nt NS	Length of residence in city or town where death occurredyrsmbs	ds. How long in U.S. if of foreign birth?mos ds.
Every CIANS ement	2. FULL NAME Lydia S. Roby	
	(a) Residence: No.	St., Ward.
CORD. Every PHYSICIAN act statement	(Usual place of abode)	If nonresident give city or town and State
RECORD. PHYSI Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E . X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice-the word)	21. DATE OF DEATH
LNT	female White morried	(Month) (Day) (Year)
NDING RMANEN X A C T I classified	M. If married, indexed, or diverced	22. I HEREBY CERTIFY That I attended deceased from
BINDIN PERMANI EXAC y classific	(or) WIFE of Jahre Roby	1922 to 2 2 1932
	m/ 11 1842	I last saw h alive on 2 1932; death is said
- 12	6. DATE OF BIRTH (month, day, and year) (March 1), 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at #
FOR IS A stated proper ertific	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(IS sta pro	8. Trade, profession, nr particular	were as follows:
- 70	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Car un un of Unun Bloken 1930
VE	9. Industry or business in which	
SERVE NK-T] should it may in back	work was done, as SILK MILL, SAW MILL, BANK, etc.	Den besi muse 19157
INI INI Strit	0 10. Date deceased last worked at this occupation (month end spent in this	
RESERVED VG INK—THIS AGE should be that it may be ons on back of	year) occupation	Other Contributory Causes of importance:
N A L S	12. BIRTHPLACE (city or town) Bracksid	
RGIN VFADI plied. rms, sc	(State or country) W. (V. a.	
MARCH WITH UNFA efully supplied in plain terms, nnt. See instra	13. NAME Samuel Golgy	
MAH U Sup	13. NAME Samuel Golgy 14. BIRTHPLACE (city or town) Meyerra dele	Name of operation
Ly S.	(otate of county)	What test confirmed diagnosis? Was there an autopsy?
WITH efully in pla	15. MAIDEN NAME Elizabeth Schlabath	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	15. MAIDEN NAME Elizabeth Schlabach 16. BIRTHPLACE (city or town) Artigers of all	Accident, suicide, or homicide? Date of injury, 19
PLAINLY, thould be car OF DEATH	(State or country)	Where did injury occur?
H P P P P P P P P P P P P P P P P P P P	17. INFORMANT & S. 422694	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Cakladul Made	
Sho Sho E O	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation sl CAUSE TION is	Place & riggenmen Date Jano LY, 1932	Nature of injury
WRITE MARTINE MARTINE MARTINE MARTINE CAVEST	19 UNDERTAKER ENVIOR Bolden	24. Was disease or injury in any way related to occupation of deceased?
2	(Address) Oakland Mc	If so, specify
in in in	20 FHEDUN, 27,1932 ulia Nowan	(Signed) 1-3. In our during M. I
> Z (T)	Registrar.	(Address) Oarland Ind.
0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of dea of importance were as follo	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1032	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
	The second secon	a state		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Jo !	pln	220	
1	item	sho	Jo.	
	ery	VNS	ent	
	D. E	SICI	aten	
	30R1	HX	ct st	
	RE		Exa	
LAKGIN KESERVED FOR BINDING	LNE	LI	.pa	
N	AN	ACT	ssifi	
	ERM	EX	cla	e.
7	A P	ed]	erly	ficat
0 4	IS	stat	prol	certi
ED	HIS	pe	pe .	Jo :
/K V	X-T	pluo	may	back
된 2 2	IN	E sh	at it	no s
7	ING	AG	e the	tions
15	dA	ed.	as, s	truc
IAK	NO	lddn	tern	e ins
	TH	ly s	lain	Se
	WI	reful	in p	ant.
	VLY,	e ca	ATH	port
)	CAIN	ld b	DE	y in
	E P	shou	OF	s vel
4 104	RIT	tion	USE	(-)TION is very important. See instructions on back of certificate.
4	M	ma	CA	TIC
	B.		(T
	Z		00	-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 60566
1. PLACE OF DEATH	(82-0)
County Garett	Registration Dist. No. 164
Village or City readent	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	asds. How long in U.S. If of foreign birth?yrsmosd:
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Alemale white Mulosue	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Serving Schlass magle	1. HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Lehl - 1862	I last saw h elive on fau 18
7. AGE Yeers Months Deys If LESS then 1 day,hrs ormin.	to heve occurred on the detestated ebove, atm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cuebral humorrhoge (afoldis)
SAW MILL, BANK, etc.	
10. Deter deceesed last worked et this occupetion (month end yeer) this occupetion (month end yeer) this occupetion this occupation this occupetion this occupation this occup	
12. BIRTHPLACE (city or town) Old d (Stete or country)	Other Contributory Causes of Importence:
13. NAME adom Stark	- Municipality
13. NAME A Stark 14. BIRTHPLACE (city or town) Yermony (State or country)	Neme of operation Dete of West here en eutopsy?
15. MAIDEN NAME Clesabeth york	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Clasabeth york 16. BIRTHPLACE (city or town) yermeny (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Lloid Miller (Address) accident	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placeal cident Dete Jon 7 , 1932	
19. UNDERTAKER AUM Alintulus	24. Wes disease or Injury In eny wey releted to occupation of deceased?
20. FILED Jan, 7, 1932 a. Prichter	(Signed) / Marriage 9 7 m. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I-		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1632	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week aga
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Other contributory causes of importance:	May 1,1923		1 y

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEWES	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEE 9 1032	July 5,1927	Peritonitis	3 days ago
	LIMBAU : S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queseupation is very important, so that the relative healthtion applies to each and every Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, Physicum, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup 11: Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menean be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of tellimis) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is cesential and must be obtained before the certificate is permanently filed

V. S. No. 1

STATE O	F	MARYLAND	-CERTIFIC	CATE	OF	DEATH

1. PLACE OF DEATH	
County of agriell	Registration Dist. No. 162
Village or City of town where death occurred yrs. mo	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If, married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BtRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 dey,	I last saw h alive on, 19, 19; death Is said to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cicule Sealolets Jan 4
year) occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Cary A Carl 14. BIRTHPLACE (city or town)	
(State or country)	Name of operetion Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maine Smith, 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place A Janus Mills Date Jan 27, 1932	Manner of Injury
19. UNDERTAKER Of Multiples (Address) Manfavella	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 201 26, 1937 5 7 Dill Registrar.	(Signed) A Javis M. D. (Address) A Javis M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				·	
CountyGarrett		(s)	Registration Dist. No. 16	9
Village or City_Deer_Par. Length of residence in city or town where	k, R.D.	(1	NO	St.,St., tion, give its NAME instead of street an f foreign birth?yrs	Ward d number) ds.
2. FULL NAME Still (a) Residence: No.	born Upl	nole	St., Ward.		
				If nonresident give city or town a	-
PERSONAL AND STATIST				ERTIFICATE OF DEATH	
Male White		RRIED, WIDOWED. D (write tha word)	21. DATE OF DEATH	Jan. 22,	193 32
5a. If married, widowed, or divorcad HUSBAND of				(55)/	(Year)
(or) WIFE of			H .	CERTIFY, That I attended	
80 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	00	1070		19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days	1932	to have occurred on the date state	, 19	; death is sald
		1 day,hrs.		H end releted causes of importance	
Still 8. Trede, profession, or particular	dorn	ormin.	were as follows:		Date of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			Stillhos	n	
Industry or business in which work was done, as SILK MILL.				·	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total t	ime (years) nt in this upation	-		
12. BIRTHPLACE (city or town) Md. (State or country)			Other Contributory Causes of Impo		
置 13. NAME Laymon V.	Uphole				
13. NAME Laymon V. 14. BIRTHPLACE (city or town)				Data of	
(State of country)				Was there a	
15. MAIDEN NAME Minnie H	artsel			ses (VIOLENCE) fill in elso the follow	
15. MAIDEN NAME Minnie H 16. BIRTHPLACE (city or town) (Stata or country)	Va.		The second secon	Date of Injury	, 19
17. INFORMANT Mollie Harv (Address) Deer Par			Specify whether injury occurred in	(Specify city or town, county and S INDUSTRY, in HOME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Deer Rark, M		23/32,			
19. UNDERTAKER W. S. Upho. (Address) Altor	le mont. Mo			y related to occupation of deceased?	
7 / /	ie M. As		(Signed) Clief	M. ashly m	L.R. MX

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	or. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	571
1	state UPA.	1. PLACE OF DEATH	(131)	/ 6 4
1	onld OCC	county Berritt	Registration Dist. No.	6/
	should of OCC	Village or City Franksville kind P. F.D.#	No. St., death occurred in a hospital or institution, give its NAME instead of street and s	Wa
		Length of residence in city or town where death occurredyrsmos.		
	CORD. Every PHYSICIANS oct statement	2. FULL NAME Chrabeth Yausickle		
	D. J SIC tate	(a) Residence: No. Armudsville my RAD #1	St., Ward.	
	ECORD. PHYSI act stat	(Usual place of abode)	If nonresident give city or town and	State
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4	T. Y	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Use Color of the	21. DATE OF DEATH (Month) (Oay)	, 193 2 (Year)
DIIN	MANEN A C T L assified.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Berry Vauseckle	22. I HEREBY CERTIFY, That I attended	deceased fr
Z	SNA	- h. 'a 22rd 1910	195/ 10 Van 800	19.3
n	PE Fly ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8.20 Pm.	.; death is s
J.K	IS A PE stated E properly certificate	72. 8 16- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
£,	IS sta pro	8. Trada, profession, or particular	wera as follows:	Oate of ony
3	be pe	8. Trada, profession, or particular kind of work done, as SPINNER, Henrelluse work SAWYER, BOOKKEEPER, etc.	7	4/3/
\ \	ould may back	9. Industry or business in which work was done, as SiLK MILL, Own home		
된		O SAM MILE, DAMA, ELG.		
E S	o t E	Delta daceased last worked at this occupation (month and yaar) - 0-ct. 1931		
74	NFADING I pplied. AGE erms, so that instructions o	anner Parl	Other Coutributory Causes of importance:	-6
4	DI I. So ueti	12. BfRTHPLACE (city or town) (State or country)	Acute Endocarditio	7/20/
7	IFA liec ms,	13. NAME Samuel Sister	Price / Exagelline	
4	Date	I	Name of acception	
Žį.	70	4 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an a	
	WYFR efully in pla int.	I 15. MAIDEN NAME UNKNOW	23. If death was due to external causes (VIOL ENCE) fill in also that following	
	4 - 5 -	15. MAIOEN NAME UNKNSION 66. BIRTHPLACE (city or town) Muknow (State or country)	Accident, suicida, or homicide? Date of injury	
	be cal	▼ (Stata er country)	Where did injury occur?	
	AII Id b DE.	17. INFORMANT Perry Carpedall The PERSON PER	(Specify city or town, county and State Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
	Shou OF S ver	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
	SE	Piace Sloming Cose Mel Oate Jan 10, 1932	Nature of injury	
	.—WRITE I mation sho CAUSE OI TION is ve	19. UNDERTAKER Barl Harried	24. Was disease or injury In any way related to occupation of deceased?	0
3	FOH	(Address) Brandouville HV	If so, specify	
ů	B	20. FILEO an 9th 1931 Mrs. Jeannette Stalle	(Signed) Kt Clearan	M
	z (T)!	Registrar.	(Address) Ifruedoville m	4
		If mage blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1. week ago
Chronic interstitial nephritis	1921	Run over by street car 7561	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis P 833	\$ days ago
		SECENED	3 1
contributory causes of importance:		Other contributory causes of importance:	
illstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement: Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be	complete.	an	occupation	return	must	state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
of importance were as	The state of the s	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	- STIVED	1915	Attack of epilepsy -	1 week ago	
Arteriosclerosis Chronic interstitial nephritis		1921	Run over by street car >	1 week ago	
Cerebral hemorrhage	FEB 3 1932	July 5, 1927	Peritonitis,	3 days ago	
	TEDDATI V.S.	1	g		
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis - : -	1 year	
			17506		
			1 4 4 4		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN